

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
SELECTION SERVICES SECTION  
SUPPLEMENTAL APPLICATION EXAMINATION FOR  
SENIOR PSYCHIATRIST (Specialist), CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)**

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**Read instructions carefully**

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Senior Psychiatrist, (Specialist), Correctional and Rehabilitative Services (Safety) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location and time bases you are interested in working.

This supplemental application will be 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a low score.

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**CALIFORNIA MEDICAL LICENSE:** \_\_\_\_\_  
Number Expiration Date

**PSYCHIATRY RESIDENCY TRAINING:** (Please indicate **SCHOOL NAME and DATES**)

Post Graduate Year 1 Post Graduate Year 2

Post Graduate Year 3 Post Graduate Year 4

**CLINICAL TRAINING:** \_\_\_\_\_

**SPECIALITY BOARD CERTIFICATION:** \_\_\_\_\_  
Number Specialty Expiration Date

Signature Date

**I certify that all the statements I have made in this application are true and correct.**

**MAILING INSTRUCTIONS:**

Mail your completed Supplemental Application along with a standard State Application Form, STD. 678 (you may download a copy of the STD. 678 from the State Personnel Board's website at [www.spb.ca.gov](http://www.spb.ca.gov)) to the address below:

<b>MAIL COMPLETED STD. 678 AND SUPPLEMENTAL APPLICATION TO:</b>	California Department of Corrections and Rehabilitation Selection Services Section P. O. Box 942883 Sacramento, CA 94283-0001
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**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please clearly indicate your education, experience, and licensure information that meet the minimum qualifications for this exam:

**MINIMUM QUALIFICATIONS**

“Possession of the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the California Board of Osteopathic Examiners. (Applicants who are in the process of securing approval of their qualifications by the Medical Board of California or the Board of Osteopathic Examiners will be admitted to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.) **and**

Satisfactorily completed specialized training requirements in psychiatry in programs that are accredited by either the Accreditation Council for Graduate Medical Education (ACGME) or certified by the Royal College of Physicians and Surgeons of Canada **and** by meeting one of the following residency training:

**Either I**

Completion of a four-year residency program in psychiatry accredited by the American College of Graduate Medical Education (ACGME). **and**

Two years of experience in a psychiatric facility or on a hospital psychiatric service.

**Or II**

Completion of a broad-based clinical year of ACGME-accredited training program in internal medicine, family medicine, or pediatrics; or an ACGME-accredited transitional year program that included a minimum of four months of primary care; or an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care. **and**

Three years of postgraduate, specialized residency training in an ACGME-accredited psychiatry program. **and**

Two years of experience in a psychiatric facility or on a hospital psychiatric service.”

(Candidates who are within six months of meeting these requirements may take the examination, but they cannot be appointed until these requirements are met.)

**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

- |   |  |
|---|--|
| 1. Are you willing to work in a State correctional facility?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you willing to provide medical and mental health care to inmates/youthful offenders?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to comply with the Department's safety and security procedures?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness, defendant)?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you willing to work Psychiatrist-on-Call or Medical Officer-of-the-Day assignments (e.g. evenings, nights), which may extend beyond regular working hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you willing to work various schedules (e.g., day shift, swing shift, night shift)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you willing to actively participate in the peer review and clinical quality review process?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you willing to comply with tuberculosis screening requirements?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**LICENSE REQUIREMENTS**

Please respond to each question by marking the appropriate box.

- |  |  |
|--|--|
| 9. Is your license to practice medicine currently restricted?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you ever been convicted of any felony crime related to the practice of medicine that has restricted your ability to practice or your scope of practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are there currently any pending disciplinary charges against you?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Have there ever been any disciplinary actions completed against you that have restricted your ability to practice medicine?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Have any disciplinary actions been taken against you by another state or jurisdiction?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Have you ever been convicted of any misdemeanor related to the practice of medicine that has restricted your ability to practice or your scope of practice?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Is your license to practice medicine currently subject to probationary conditions?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Have your clinical privileges at any hospital or mental health care institution ever been revoked?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Has your medical staff membership or mental health care staff status at any hospital ever been revoked?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**CERTIFICATIONS**

**Please indicate if you have completed any of the following certifications by marking the appropriate box.**

- |  |                          |
|--|--------------------------|
| 19. Board certified in psychiatry.                     | <input type="checkbox"/> |
| 20. Board certified in child or adolescent psychiatry. | <input type="checkbox"/> |
| 21. Certified Correctional Health Professional (CCHP)  | <input type="checkbox"/> |

**CLINICAL SUPERVISORY EXPERIENCE**

Please check the box (es) that indicate which of the following classifications you have clinically supervised.

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 22. Psychiatrists                           |
| <input type="checkbox"/> | 23. Psychologists                           |
| <input type="checkbox"/> | 24. Psychiatric Social Workers              |
| <input type="checkbox"/> | 25. Nurses                                  |
| <input type="checkbox"/> | 26. Psychiatric Technicians                 |
| <input type="checkbox"/> | 27. Recreational or Occupational Therapists |
| <input type="checkbox"/> | 28. Residents/Interns                       |
| <input type="checkbox"/> | 29. Staff Psychiatrist (CDCR)               |

**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**WORK EXPERIENCE**

**Note to Applicant:** Under "Work Experience," for items #30-45, please indicate:

**Frequency:**

- Indicate if you have performed this task within the last 24 months; **AND**
- Indicate how often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column)

**Level of Skill:**

- Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)

	FREQUENCY				LEVEL OF SKILL		
	Performed task within last 24 months	weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
30. Interview patients to establish symptoms and mental health history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Physically examine patients to determine symptoms, evaluate mental health status, and determine diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Diagnose patients' diseases or conditions to determine treatment methods, needed referrals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Write progress notes, patient histories, correspondence, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Order and interpret various reports, charts, lab reports and other documents to determine next step in patient's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Consult with peers and/or supervisors on unusual or complex cases for advice or decision on treatment management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Educate patients about their diagnosis, treatment, condition, and prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients' condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Perform clinical rounds consistent with on-call duties and acute/sub-acute patient care management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Review and/or prepare various mental health care reports as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Clinically supervise Psychiatrists, Registered Nurses, Physician Assistants, Interns/Residents and/or Nurse Practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Provide instruction and supervise residents or other health care providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Provide input for the development and implementation of policies and procedures to ensure proper standardization of mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Establish and maintain effective working relationships with administrators, and other professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**WORK EXPERIENCE - CONTINUED**

<b>Note to Applicant:</b> Under "Work Experience," for items #30-45, please:  <b>Frequency:</b> ➤ Indicate if you have performed this task within the last 24 months; <b>AND</b> ➤ Indicate how often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column)  <b>Level of Skill:</b> ➤ Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)	FREQUENCY				LEVEL OF SKILL		
	Performed task within last 24 months	weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
44. Prepare written documents (e.g., correspondence, appeals, policies, procedures, reports, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Participate in interviews, and evaluate and make recommendations on the hiring of candidates for professional, technical and other mental health care related positions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA**

**This question is not part of the examination but is for the hiring authority's information.** If you answer "yes" to question 2, please provide your Visa information below.

1. Are you a citizen or permanent resident of the United States of America? ☐ Yes ☐ No

2. If not, are you in possession of a Visa that permits you to work in the United States of America? ☐ Yes ☐ No

Visa type \_\_\_\_\_

Visa expiration date \_\_\_\_\_

**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

These questions are not part of the examination but are for the hiring authority's information.

***HOW DID YOU HEAR ABOUT THE SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (Safety), EXAMINATION?***

Check the box that best describes how you found out about the Senior Psychiatrist (Specialist), Correctional and Rehabilitative Services (Safety) examination:

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other